

**MARYLAND BOARD OF PHARMACY**



**LICENSE/PERMIT/REGISTRATION VERIFICATION REQUEST FORM**

To request a verification of a license, permit or registration, please complete this form and send it, with a check or money order payable to **Maryland Board of Pharmacy**, to:

**Maryland Board of Pharmacy  
P.O. Box 1991  
Baltimore, MD 21203-1991**

**Please do not send cash.** This form also may be submitted in person at the Board of Pharmacy, 4201 Patterson Avenue, Baltimore, Maryland. Please be advised that payment at the Board is only by credit card.

Name: \_\_\_\_\_

License/Permit/Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**SEND VERIFICATION TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Verifications: \_\_\_ @ \$25.00 each; \$ \_\_\_\_\_ Total payment enclosed

Your verification(s) will be mailed within 7-10 business days

\_\_\_\_\_  
Signature

(Revised 8/2017)